

Child Development Grant



***Make a
difference
in a young
child's
life***

2015-16 Nomination & Application Packet



Program Description

The California Student Aid Commission (Commission) administers the Child Development Grant Program (Program), which is designed for students who:

- ▶ Are attending California public or private two-year or four-year postsecondary institutions, and
- ▶ Intend to teach or to supervise in a licensed children's center in California.

The Program provides benefits to selected applicants who:

- ▶ Are enrolled in approved coursework leading to a Child Development Permit issued by the Commission on Teacher Credentialing for one of the following levels:
 - ♦ Teacher ♦ Master Teacher ♦ Site Supervisor ♦ Program Director
- ▶ Maintain at least half-time enrollment, meet satisfactory academic standards as defined by the postsecondary institution, and demonstrate financial need.

Applications

There are two types of applications associated with this program. Applicants who are new to the Child Development Grant Program **or** who were withdrawn from the 2014-15 program must use the **New Application** found in the 2015-16 "Nomination & Application Packet." The **Renewal Application** is for 2014-15 academic year participants who are continuing with the program to complete their permit requirements. Access www.csac.ca.gov to print the 2015-16 applications.

Grant Amounts

Each year, up to 100 new applicants are selected for awards. Recipients awarded in the previous academic year are eligible to renew their grant but must complete a renewal application form. Grant recipients attending a two-year postsecondary institution are eligible to receive up to \$1,000 per academic year, and recipients attending a four-year university are eligible to receive up to \$2,000 per academic year.

Applicant Eligibility

An applicant must:

- ♦ Be a U.S. citizen or an eligible non-citizen, **or AB 540 eligible**;
- ♦ Be a California resident;
- ♦ Meet federal Selective Service filing requirements;
- ♦ Submit a completed 2015-16 Free Application for Federal Student Aid (FAFSA) to the federal processor by the final filing date (Students can complete and submit a FAFSA online at www.fafsa.ed.gov);
- ♦ Enroll in approved courses leading to a Child Development Permit;
- ♦ Be nominated by a California public or private two-year or four-year postsecondary institution or by the employing agency (The employing agency must hold an approved waiver of staffing qualifications on behalf of the applicant);
- ♦ Maintain at least half-time enrollment in approved courses leading to a permit;
- ♦ Maintain satisfactory academic progress as defined by the postsecondary education institution; and,
- ♦ Commit to full-time employment in a licensed children's center in California for a period of one year for each year of benefits received.

Child Development Grant



2015-16 Child Development Grant Program

Coordinator Nomination Form

This form must be completed by the Child Development Grant Program Coordinator

INSTITUTION NAME

SCHOOL CODE

INSTITUTION MAILING ADDRESS

Indicate the number of students nominated by your institution: _____

(List the names of the nominated students on the Nomination Form following this page)

As the Child Development Grant Coordinator, I have read the Child Development Grant Program nomination and application materials. I understand that I may nominate as many eligible applicants as I choose to compete for the 2015-16 academic year. The applicants listed on page 2 of the Nomination Form are hereby nominated for the Program.

I have determined that the applicants meet the program eligibility requirements and an application is included for each nominee listed.

I understand that incomplete applications **will not be considered** for an award. I also understand that this program is subject to amendments that may result in the reduction or loss of state funds and that leaves of absence are not granted in this program.

Name of Coordinator: _____

Title: _____ Telephone: () _____

E-mail Address: _____

Signature of Coordinator: _____ Date: _____

Nomination and application materials **must be postmarked by May 15, 2015**

Return all materials to:

California Student Aid Commission
Child Development Grant Program
PO Box 419029
Rancho Cordova, CA 95741-9029





2015-16 Child Development Grant Program
Coordinator Nomination Form ● Page 2

<i>Security Number</i>	<i>Applicant Name</i>	<i>Social</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

2015-16

Applications must be mailed to the Commission by your school and be postmarked by MAY 15, 2015

Child Development Grant Program NEW APPLICATION

SECTION I: APPLICANT INFORMATION – TO BE COMPLETED BY APPLICANT (please print or type)

Last Name	First Name	Middle Initial	Social Security Number
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Home Address	City	State	Zip
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Date of Birth (MM/DD/YYYY) / /	Home Phone: () E-mail Address:	Cell Phone: ()
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My long term objective is to obtain a Child Development Permit for the following level(s):

☐ Teacher ☐ Master Teacher ☐ Site Supervisor ☐ Program Director

2015-16 College of Attendance				
College Name	Street Address	City	State	Zip

I currently hold, or I am eligible to hold a Child Development Permit (NOT CERTIFICATE) from the Commission on Teacher Credentialing (CTC). *(Check all that apply and list date issued.)*

Currently/Eligible to Hold	CTC Permit Issue Date	Currently/Eligible to Hold	CTC Permit Issue Date
<input type="checkbox"/> Assistant Teacher	Date: _____	<input type="checkbox"/> Master Teacher	Date: _____
<input type="checkbox"/> Associate Teacher	Date: _____	<input type="checkbox"/> Site Supervisor	Date: _____
<input type="checkbox"/> Teacher	Date: _____	<input type="checkbox"/> Program Director	Date: _____
<input type="checkbox"/> None of the above			

I understand that to be eligible for the Program, I must:

- ⤴ Be nominated by a postsecondary educational institution or by my employing agency;
- ⤴ Attend an eligible California public or private two-year or four-year postsecondary education institution;
- ⤴ Maintain no less than half-time enrollment and meet the standards of satisfactory academic progress as defined by my postsecondary educational institution and that if I do not comply with this requirement, I understand that I will be withdrawn from the Program;
- ⤴ Maintain enrollment leading to a Child Development Permit in an institution approved by the Commission on Teacher Credentialing (CTC);
- ⤴ Complete coursework necessary to obtain the permit listed above within a CTC approved program;
- ⤴ Be, and hereby certify that I am, a United States citizen or eligible non-citizen and legal resident of California; and
- ⤴ Meet federal Selective Service filing requirements.

Please continue on Application – Page 2

2015-16

**Applications must be mailed to the
Commission by your school and
be postmarked by MAY 15, 2015**

Child Development Grant Program

APPLICATION • Page 2

Additionally, I understand that I must:

- ^ Respond to all communications and requests from the Commission within the time indicated;
- ^ Provide written notification to the Commission within 10 days of any change in my legal name, e-mail or physical address, or any change in status that affects my eligibility; and,
- ^ Comply with all conditions cited within this application, all program laws and regulations, and all procedures deemed necessary by the Commission.

I agree that if selected:

- ^ I shall provide one year of service in a licensed child care center in California for every year I receive the Child Development Grant and will provide the Commission with evidence of compliance by completing an Employment Compliance Verification Form, as requested.
- ^ I may appeal any determination of non-compliance with any provisions of the program by submitting my appeal in writing, postmarked within 21 days following the date appearing on the Commission correspondence. Appeals must include a concise statement of the action with which I am dissatisfied and any supporting documentation.

By my signature, I understand and agree that:

- ^ I am applying for the Child Development Grant because I intend to obtain a permit for the level stated above; and
- ^ Receipt of this grant may affect other financial aid assistance;
- ^ My participation in the program will be shared with the State Department of Education and the California State Legislature, as appropriate; and
- ^ No leaves of absence are granted for this program.

I declare under penalty of the laws of the state of California and the United States that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the grant amount received, with interest and additional penalties under federal or California law. I authorize my school, the California Student Aid Commission, and the California Department of Education to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and grant. I understand that only complete and accurate applications that have been submitted using the required procedures will be considered. I understand that this program is subject to rescission or amendment at any time, resulting in possible changes and reduction or complete loss of funds, notwithstanding the rules or benefits at the time the award is made.

By my signature I acknowledge that I have read and understand the preceding information:

Signature

Date Signed

E-mail Address

Telephone Number

Birth Date

OPTIONAL:

Please indicate gender:

- ☐ Male
- ☐ Female

I describe myself as the following:

- ☐ (1) African American
- ☐ (2) Latino
- ☐ (3) Filipino
- ☐ (4) Pacific Islander
- ☐ (5) Asian
- ☐ (6) American Indian
- ☐ (7) Caucasian
- ☐ (8) Other: _____

Child Development Grant Program • APPLICATION – Page 3

Last Name	First Name	Middle Initial	Social Security Number
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SECTION II: GPA VERIFICATION TO BE COMPLETED BY SCHOOL OFFICIAL (please print or type)

Calculate the student's grade point average (GPA) according to the instructions below* and enter here. GPA must be computed on an un-weighted, 4.00 grading scale.

(*Calculate the student's GPA on a 4.00 scale to two decimal places. Failing grades that have not been replaced prior to spring 2015 must be included.)

Fill in all three spaces

<div style="border-bottom: 1px solid black; width: 100%;"></div>
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***Current high school seniors and students who completed the California High School Proficiency Examination and are no longer in school:** Include all sophomore through senior year grades, excluding those for physical education and Reserve Officer Training Corps.

If the General Education Development test was taken in lieu of high school graduation, please post the test score here: _____

***College students, regardless of the number of units completed, calculate the current GPA using the following:**

- All college work completed before the application deadline, or
- All college work completed before the deadline, excluding nontransferable courses and courses not counted in computation for admission.

If a GPA or test score is not available: A GPA or test score is not mandatory to be considered for this program. However, applicants who do not provide a GPA or test score will not receive points for this component. A GPA or test score represents up to 10 percent of the final score.

Please check box if appropriate: ☐ **NO** GPA or GED test score is being provided.

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official	Printed/Typed Name of Official	E-mail Address
Title of Official	Telephone	Fax
School Name	Date	
School Mailing Address	City	State Zip

SECTION III: FINANCIAL NEED INFORMATION TO BE COMPLETED BY SCHOOL OFFICIAL

Please enter the following information, based on the most current information available to the financial aid office, and enter the date of the 2015-16 Student Aid Report (SAR) or date of verification used to provide this information.

Date of 2015-16 SAR or verification used: _____ 2015-16 Total Expected Family Contribution (EFC): _____

Parent(s') Total Income (if student is dependent): _____ Independent Student's Total Income: _____

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official	Printed/Typed Name of Official	E-mail address
Title of Official	Telephone	Fax
School Name	Date	
School Mailing Address	City	State Zip

State of California Information Practices Act of 1977 & Use of your Social Security Number (SSN)

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by Commission policy and the policies of the postsecondary education institutions to which you are applying for aid. Furnishing the information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid are the officials responsible for maintaining the information contained on this form. The SSN is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, the California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution. The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, gender, sexual preference or physical disability in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying.

Coordinator Responsibilities

A Coordinator can be a member of the faculty or staff at the nominating institution. Coordinators should ensure that all students have access to information about the Child Development Program. Application materials should be provided to all interested students. Institutions may nominate as many students as qualify. Nominees must be listed on the second page of the Coordinator Nomination Form.

► Grade Point Average (GPA)

Institutions must calculate each applicant's GPA according to the instructions provided in Section II of the application.

► Financial Aid Certification

Financial Need Information in Section III of the application requires the financial aid office to certify the expected family contribution and total income amount.

► Nominee Application

A completed application must be submitted for each individual listed on the Coordinator Nomination Form.

Selection Process

The Commission will select up to 100 new grant recipients each academic year from the nominees submitted. Scoring is competitive and will be based on an applicant's demonstrated financial need and academic achievement, which may include high school grade point average, college grade point average, or academic test scores. Grant recipients and ineligible applicants will be notified of their status after competitive scoring is complete.

Grant Disbursement

Grant funds will be disbursed by academic term through the postsecondary institution's financial aid office. Receipt of this grant may affect other financial aid for the student.

Service Commitment

Page 2 of the application includes a section regarding the grant recipient's service commitment. By signing the application, the recipient commits to providing one year of service in a licensed children's center in California for each year of received benefits. Upon obtaining a Child Development Permit, grant recipients must provide the Commission with evidence of compliance with the service commitment on an annual basis.

Filing Deadline

All completed application materials must be postmarked by May 15, 2015

Questions for the Commission?

Contact the Commission



In writing:

California Student Aid Commission
Child Development Grant Program
PO Box 419029
Rancho Cordova, CA 95741-9029



By telephone: (888) 224-7268, Option 4

By Fax: (916) 464-8240



By e-mail: specialized@csac.ca.gov

Website: www.csac.ca.gov

Need more applications? Visit our website and under the "Students & Parents" tab, select *Financial Aid Programs*, then select *Child Development Grant Program*, click on the link for the *2015-16 Child Development Grant Program Nomination & Application Packet* and print pages 4 through 6.

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